

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United Food and Commercial Workers International Union Working Families Advocacy Project	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484253 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WATERFRONT STRATEGIES INC.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2014</div> </div>	
Mailing Address 3050 K STREET NW SUITE 100		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">153951.50</div>	
City WASHINGTON State DC Zip Code 20007	Transaction ID : 12697126 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure TV Advertising Buy and Production	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Sen. Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City State Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">153951.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">153951.50</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Anthony M. Perrone

[Electronically Filed]

Date

MM / DD / YYYY
09 / 08 / 2014

Signature